

FROM :

FAX NO. :

Aug. 30 2002 02:16PM P1

STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

FILING FORM D-103A (Rev. 8/95) To be filed  
by elected officials, state employees, and  
board and commission members

THIS SPACE FOR OFFICE USE ONLY

DATE RECEIVED  
U--08/30/2002FILE NUMBER  
00-D-10678

## DISCLOSURE OF FINANCIAL INTERESTS

WHO SHOULD FILE THIS FORM: HRS section 84-17 requires annual filings. Persons  
who have filed an initial long form (D-201) may, in odd numbered years, use this short  
amendment form if they have no more than 10 amendments or changes to report.

BOE

Last

First

Middle

NAME *Gabbard**Carol**P*

RESIDENCE ADDRESS

CITY

ZIP CODE

STATE OFFICE OR POSITION HELD

TERM OF OFFICE:

*Board of Education*BEGAN: *Dec 5, 2000* ENDS: *Dec 1, 2004*

NAME OF:

Spouse: *Gerald Michael Gabbard*

Dependent Children:

*Vrindavan D Gabbard*

BUSINESS PHONE:

HOME PHONE:

Check either number 1 or 2. If you check number 2, provide the relevant information.

1. ☐ I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING

2. ☐ I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.

[If you have more than ten (10) amendments or changes to report, you must complete and file a new long  
disclosure form. Please contact the Commission to obtain a long form.]

1 ITEM # *1*☒ ADD☐ DELETE☐ CHANGE

AS FOLLOWS:

*JT dba Kūpono Aloha Productions**A**audio/video production**P.O. Box 27936**Honolulu, HI 96827*2 ITEM # *2*☒ ADD☐ DELETE☐ CHANGE

AS FOLLOWS:

*JT dba Kūpono Aloha Productions**audio/video production**100% ownership 100%**P.O. Box 27936**Honolulu, HI 96827*

3 ITEM #

☐ ADD☐ DELETE☐ CHANGE

AS FOLLOWS:

4 ITEM #

☐ ADD☐ DELETE☐ CHANGE

AS FOLLOWS:

FROM : 5 ITEM #          ☐ ADD ☐ DELETE ☐ CHANGE ☐ FAX NO. :          Aug. 30 2002 02:19PM P1 AS FOLLOWS:         

6 ITEM #          ☐ ADD ☐ DELETE ☐ CHANGE ☐ AS FOLLOWS:         

7 ITEM #          ☐ ADD ☐ DELETE ☐ CHANGE ☐ AS FOLLOWS:         

8 ITEM #          ☐ ADD ☐ DELETE ☐ CHANGE ☐ AS FOLLOWS:         

9 ITEM #          ☐ ADD ☐ DELETE ☐ CHANGE ☐ AS FOLLOWS:         

10 ITEM #          ☐ ADD ☐ DELETE ☐ CHANGE ☐ AS FOLLOWS:         

STATE OF HAWAII  
02 AUG 30 12:17  
RECEIVED

CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statement filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the information I have provided on this form is a true, correct, and complete statement of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed.

SIGNATURE Carol P. Hubbard DATE 8/30/02  
NOTE: This filing is not valid without a signature.